| ? | STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT | 1591971 | | 331241 |
|--------|---|----------------------------|--|--|
| 1 1 | INTERSTATE CITY STREET | STOLEN | CASE # 14-01250 | 2 |
| | STATE ROUTE OTHER COUNTY RD PRIVATE WAY | VEHICLE | LOCAL AGENCY CODING | 3 |
| 2 1 | TRIBAL RESERVATION | | TOTAL # OF 02 OBJECT STRUCK TREE OR STUMP | 28 |
| 3 1 | M M D D DATE OF COLLISION 05 - 29 | Y Y Y Y TIME (24) | 00) COUNTY # MILES 31 | CITY # 2 |
| 4 | ON (PRIMARY TRAFFIC WAY) | INTERSECTION NON-IN | TERSECTION V BLOCK NO. V | |
| 49 | LUNDEEN PARKWAY | | MILE POST 800 | 0 1 29 |
| 5 | 1000 1 | OF (REFER | | <u> </u> |
| | UNIT 01 MOTOR VEHICLE | PEDAL- CYCLE | DAMAGE THRESHOLD MET PHONE VES NO D: 4253462 | 540 30 |
| 6 | LAST NAME APETENOK | | FIRST NAME VIKTOR | MIDDLE K |
| | STREET 15829 MANOR | WAY #2 | | |
| 7 | CITY LYNNWOOD | | ST WA ZIP 98087 | 1 1 2 31 |
| 8 | CDL | RESTRICTIONS | ENDORSEMENTS | 2 |
| 99 | DRIVER'S APETEVK575PS | 3 | STATE WA SEX M D.O.B. 10 | 10 1943 |
| 10 | ON DUTY STATUS A | IRBAG 2 RESTR. 4 EJECT | 1 HELMET 2 INJURY 1 NATURE OF INJURIES | 32 |
| 11 3 5 | LICENSE 964WUT | STATE WA | VIN# 4N2XN11T5YD827900 | 2 |
| 12 | TRAILER PLATE # | STATE | TRAILER PLATE # | STATE 3 |
| 13 2 | VEH. YEAR 2000 MAKE NISS | | VEHICLE TOWED TOWED BY SKY VALLEY TOW | |
| H | REGISTERED OWNER INFO. OWNED BY I | DE CO | | VEHICLE NO. 1 SHADE IN DAMAGED AREA TROM TO |
| 15 2 | NEFFECT 8 POLICY VES NO CITATION 8 | B . | CHARGE | G Groe G Sarram G Sa |
| | UNIT 02 MOTOR VEHICLE | PEDAL- CYCLE PEDESTRIAN | PROPERTY OWNER PHONE D: 4253341 | 4 35 |
| 18 | LAST NAME CITY OF | | FIRST NAME LAKE STEVENS | MIDDLE INITIAL 36 |
| 17 | STREET 1812 MAIN STR | REET | | 37 |
| 18 | CITY LAKE STEVENS | | ST WA ZIP 98258 | 38 |
| 19 | CDL | RESTRICTIONS | ENDORSEMENTS | 39 |
| 20 | DRIVER'S LICENSE # | `· | STATE SEX U D.O.B. | - 40 |
| 21 | ON DUTY STATUS A | IRBAG RESTR. EJECT | HELMET INJURY NATURE OF INJURIES | |
| 22 | LICENSE PLATE # | STATE | VINE | |
| 23 | TRAILER PLATE # | STATE | TRAILER PLATE # | STATE 1 41 |
| 24 | VEH, YEAR MAKE | MODEL STYLE | VEHICLE TOWED TOWED BY | GOVE VEHICLE YES NO 42 |
| | REGISTERED OWNER INFO. LIABILITY INSURANCE INSURANCE NEFFECT NOT A POLICY. | DE CO | | VEHICLE NO. 2 SHADE IN DAMAGED AREA |
| 25 | VEMICLE YES NO CITATION & | | CHARGE | 9 TOP 10 BOTTOM |
| 26 | OFFICER'S NAME (PRINT) W. AUKERMAN | = 1 - 1 | PADGE OR ID 9 72 AGENCY WA031196 | |
| | PART A some are are a 2 or | | - V | PAGE 01 OF 4 |



PART B 3000-345-160 R (7/06)



CORRECTION

CASE #

REPORT NO.

E331241

PAGE 2

OF 4

.....

14-01250

| | | ADDI | TIONAL PERSO | NS INVOLVE | D (PASSEN | GERS AND | OR WITH | ESSES | ONLY) | _ | | | |
|---|--|----------|-----------------|------------|-----------|-------------|------------|-------------|--------------------|--------|---------------|---------|-----|
| NAME (LAST, FIRST, MIDDLE INITIAL) BERTHOLF DAVID S | | | | | | | | | | | | | |
| ADDRESS & PHONE # | 1719 90TH DR NE L | AKE STEV | ENS WA 98258 4 | 253348819 | | | SEX | м | D.O.B. MMODYYYY | | 28 | 1970 | |
| PASSENGER \(\) | VITNESS UNIT # | | SEAT POS. | AIRBAG | RESTR. | EJECT | HE | MET ISE | INJURY CLASS | | NATURE OF INJ | IURIES | |
| NAME (LAST, FIRST, MIDDLE | (LAST, FIRST, MIDDLE INITIAL) SZEKELY PATRICIA G | | | | | | | | | | | | |
| ADDRESS & PHONE # 21230 119TH ST NE GRANITE FALLS WA 98252 3606913331 SEX F D.O.B. MMDDYYYY 08 - 12 - 195 | | | | | | | | 1950 | | | | | |
| PASSENGER V | VITNESS UNIT # | | SEAT POS. | AIRBAG | RESTR. | EJECT | HE | LMET ISE | INJURY CLASS | | NATURE OF INJ | IURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) KRAHE UWE R | | | | | | | | | | | | | |
| ADDRESS & PHONE # | 3949 82ND AVE NE | MARYSV | ILLE WA 98270 3 | 8609270260 | | | SEX | М , | D.O.B. MMDDYYYY |]- | 09 | 1963 | |
| PASSENGER | VITNESS UNIT # | | ŞEAT POS. | AIRBAG | RESTR. | EJECT | HEI | MET | INJURY CLASS | | NATURE OF INJ | IURIES | |
| | | TIP. | | N/ | ARRATIV | Æ | | | | | will. | | y i |
| Please | see subseq | uent | narrative | pages | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| I CERTIFY (DECLAR | CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085) | | | | | | | | | | | | |
| W. AUKERMAN | | | | | | 4 09:59 AN | 1 | | | | | | |
| APPROVED BY | ICER'S SIGNATURE | | UNIT OR DIST. | DET | DATED | | DATE | | SIGNED | | | | |
| BOB SUMMERS O | | | | | | | - | _ | 1 10:39:26 Al | | | T | |
| BADGE OR ID # | 72 | ORI# | WA0311900 | | | TIME POLICE | DISPATCHED | 3:54 | PM | TIME P | OLICE ARRIVED | 3:54 PM | |

CASE#

14-01250

DATE AND TIME

05/29/14 15:54

NARRATIVE

On 05/29/2014 at about 1554 hours (all times approximate) I responded to a single vehicle collision in the 800 block of Lundeen Parkway in the city of Lake Stevens.

Arriving on scene I contacted the driver (uninjured) and three witnesses. It should be noted I could not communicate well with the driver of U1 due to a language barrier.

I was only able to obtain a Washington State driver's license from the driver of U1, ascertain that he was traveling about 35-40mph, that he did not recall the collision occurring and a phone number for his son (who came to the scene of the collision).

Based on evidence and statements collected at the scene, it is found that the driver of U1 (Apetenok DOB 1943) had been operating his vehicle southbound in about the 800 block of Lundeen Parkway, following the flow of traffic around the posted speed limit of 35mph, and failed to negotiate the left hand curve in the roadway. U1 struck the southbound curb, jumped onto and over the curb into the planter strip, striking and removing 2 small diameter trees and beginning a sideways slide (front of vehicle pointing eastbound). The passenger side of U1 then struck a third small diameter tree causing U1 to rotate clockwise, in the street, to a point where the front of U1 was now facing westbound. U1 then left the roadway again, jumping curb, traveling over a sidewalk and striking the dirt bank. The driver of U1 continued to accelerate for a period of time (in reverse trying to leave), until witnesses stopped and removed the keys from the vehicle. Witnesses claimed the driver of U1 attempted to restart his vehicle and attempt to drive away. Witnesses had to physically remove the keys from the vehicle so the driver of U1 would stop his attempt to leave. The vehicle sustained heavy damage as a result of the collision and was not able to drive from the scene.

I contacted the male driver of U1 and was unable to communicate well with him due to a language barrier.

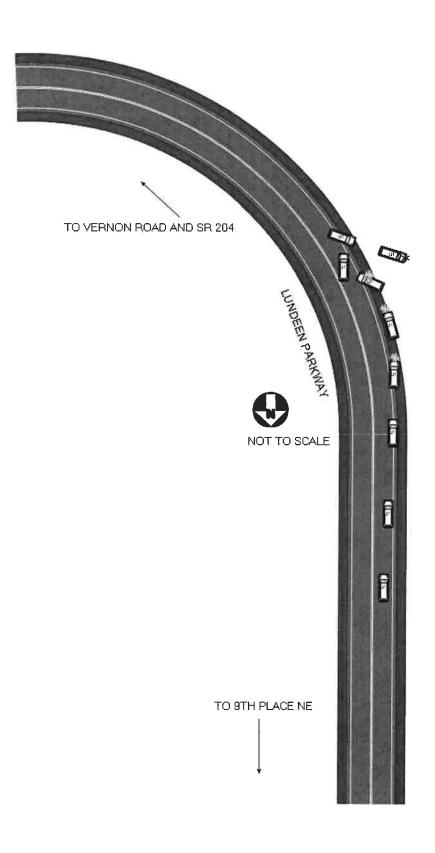
District 8 fire/aid personnel arrived on scene and assessed the driver of U1. The driver of U1 denied further medical attention and claimed no injury as a result of the collision. Fire/aid personnel claimed to have called an off duty employee (Artem Teterin) to assist in communicating with the driver. We were able to obtain a phone number to the driver's son, who came to the scene and assisted in communicating with the driver.

The son of the driver informed me that his father (driver of U1) had recently changed medications for his heart and that his father is going to be getting his pace maker replaced. The son spoke with his father and informed me that his father did not recall the collision and that his father was also claiming someone had forced him off the roadway. When the driver of U1 was shown the path of his vehicle and the debris field/damage caused by his vehicle, the driver of U1 appeared to deny having done anything other then drive his vehicle into the dirt bank.

Based on evidence and statements at the scene it appears the driver of U1 had lost consciousness just before the left hand curve in the roadway resulting in his vehicle leaving the roadway and causing property damage. U1 appears to be a total loss as a result of the collision. The driver of U1 claimed no injury as a result of the collision and refused further medical assistance at the scene.

The vehicle was towed from the scene by Sky Valley Towing. The driver of U1 left the scene with his son.

On 05/31 I called the driver of U1 and tried to find out his insurance company information. Again due to the language barrier I was unable to communicate well with him. When I did ask about insurance, the driver replied "insurance? no no".



VICTIM/WITNESS STATEMENT

| CASE NUIVIBER 14-01250 |
|---|
| VICTIM / WITNESS |
| NON- NAME (LAST, FIRST MIDDLE) DISC RACE ETH SEX DOB 1 28 70 44 54 300 BYN BYN |
| STREET ADDRESS THE GITTURE STRUCKS STATE ZIP X25 Y BES. STATUS THE STRUCKS THE ZIP X25 Y BES. STATUS |
| HOME PHONE 425 334 8719 CELL PHONE 425 2394317 PLACE OF EMPLOYMENT BNST ROLLWay |
| work PHONE 206212 3665 EMAIL ADDRESS dave, Bertholf Co tom bast. Uom |
| I,, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED. |
| I was traveling north on Lundeen Parkway in the |
| 5 curves when I observal a white van traveling |
| South on Lundery Poukway when the Van |
| Lost control hit two trees and spun out |
| I approached the van and the driver was full |
| throttle trying to back up. ite had 4 flot fires |
| and Very obvious the van was not going |
| any where I called 911 and spoke to aid |
| as well Another witness turned off the Von |
| and got the driver out. The driver did not speak |
| english when we tried to speak to him. I |
| had also yelled at the driver several attempts |
| to, turn off his vehicle. I did not smell |
| alcohol on the driver. It appeared to me that |
| the driver failed to turn in the s curves then |
| : Swung out towards on coming troffic then abruptly |
| formed right over the curb into the Dilch. |
| |
| |
| I CERTIFY OR DECLARE) UNDER PENALTY OF PERIURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT |
| SIGNATURE: Day S De Sy Date SIGNED S/29/14 LOCATION SIGNED REGUENCE |
| OFFICER/NUMBER: DATE SIGNED LOCATION SIGNED LOCATION SIGNED LOCATION SIGNED LOCATION SIGNED |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

ORIGINAL

VICTIM/WITNESS STATEMENT CASE NUMBER 14-01250 **VICTIM / WITNESS** NAME (LAST FIRST MIDDLE) NON-DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRALE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

| I CERTIFY (OR DECLARE) UNDER PENALTY | OF PERJURY UNDER THE LAV | VS OF THE STATE OF WASHING | STON THAT THE FOREGOING IS TRUE AND CORRECT |
|--------------------------------------|--------------------------|----------------------------|---|
| SIGNATURE | - | DATE SIGNED 14 | LOCATION SIGNED |
| OFFICER/NUMBER: | 125 | DATE SIGNED | LOCATION SIGNED |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE

VICTIM/WITNESS STATEMENT CASE NUMBER 14-01250 VICTIM / WITNESS WGT HAIR **EYES** NON-NAME (LAST, FIRST MIDDLE) DQB W DISC 🗆 Krah B STREET ADDRESS **RES. STATUS** CITY 3940 CELL PHONE HOME PHONE PLACE OF EMPLOYMENT 360-EMAIL ADDRESS WORK PHONE DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

| SIGNATURE: Dee Alphe | DATE SIGNED 9 /14 | LOCATION SIGNED |
|--|---------------------------------|---|
| OFFICER/NUMBER: | DATE SIGNED | LOCATION SIGNED STEWERS, WA |
| "The Lake Stevens Police Department is committed to a professional party | ership with our community, by t | providing excellence in safety, service and education |

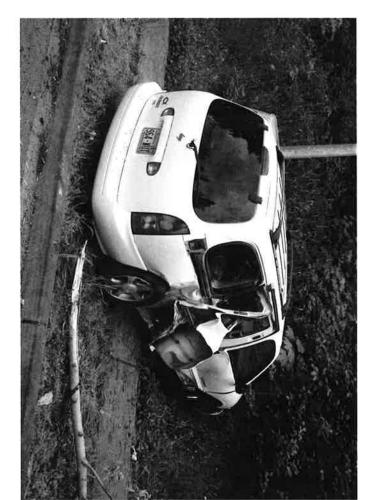
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

PAGE

SIGNATURE:

| | /ENS POLICE | Primary Officer/Badge N | umber | Case Number | | | | | |
|-------------------------------|---|---|---------------------------------|--|--|--|--|--|--|
| EVIDENCE | UNIT | HUKERM | W F JZ | 14-01250 | | | | | |
| Type of Crime | : Felony / Misdemeanor (Circ | 7. | | The state of the s | 131/2019 | | | | |
| Action Numbe | | | held until court disposition | | THE PROPERTY OF THE PARTY OF TH | | | | |
| | NCE; 5 - FOUND; 10 - SAFEKE | | keeping will be held for 60 | days or 60 days past c Storage Location | | | | | |
| Item # | CD-ZW | Brand Name | | Storage Location | Disposition | | | | |
| ' ' | Brand/Model/Caliber | (Further Desc | ription) | | | | | | |
| Action # | | Where Found | Weight of Narcotic | | | | | | |
| 2 | Serial # | | | | | | | | |
| Owner's Name | e Address | Too Luping P | ate Zip Phone # | # Barco | de goes here | | | | |
| Owner's Ivanie | Whiel's Name Address Sity State Zip Thome # Burded good hard | | | | | | | | |
| Owner Signatu | ure/Other remarks /additional in | formation/ special instruction | S | | HI WALL THE ST | | | | |
| nes | | | 1. | 72 | | | | | |
| Item # | Item | Brand Name | 8 | Storage Location | Disposition | | | | |
| | Brand/Model/Caliber | (Further Desc | ription) | | (| | | | |
| Action # | | (+ + + + + + + + + + + + + + + + + + + | | | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | | | |
| 0 1 11 | A.1.1 | 0.14 | The Dhane | y Dave | de mans have | | | | |
| Owner's Name | e Address | City Sta | ate Zip Phone # | Barco | ede goes here | | | | |
| Owner Signatu | ure/Other remarks /additional in | formation/ special instruction | s | | | | | | |
| | | | 70 | | | | | | |
| Item # | Item | Brand Name | | Storage Location | Disposition | | | | |
| | Brand/Model/Caliber | (Further Desc | erintion) | | | | | | |
| Action # | brand/Model/Caliber | (Futther Desc | inption) | | | | | | |
| 1 3 | Serial # | Where Found | Weight of Narcotic | | | | | | |
| | | | | | | | | | |
| Owner's Name | e Address | City Sta | ate Zip Phone i | # Barco | ode goes here | | | | |
| Owner Signatu | ure/Other remarks /additional in | formation/ special instruction | S | | | | | | |
| o mior orginali | | | | 100 | | | | | |
| Item # | Item | Brand Name | | Storage Location | Disposition | | | | |
| | Brand/Model/Caliber | /Eurther Deed | wintion) | | | | | | |
| Action # | Brand/Model/Caliber | (Further Desc | enption) | | | | | | |
| / totion ii | Serial # | Where Found | Weight of Narcotic | | | | | | |
| | | | | | | | | | |
| Owner's Name | e Address | City Sta | ate Zip Phone | # Barco | ode goes here | | | | |
| Owner Signatu | ure/Other remarks /additional in | formation/ special instruction | 9 | | | | | | |
| Owner Signati | ure/Other remarks /additional in | normation/ special instruction | | | | | | | |
| Item # | Item | Brand Name | | Storage Location | Disposition | | | | |
| | | (Further Desc | | | | | | | |
| | Brand/Model/Caliber | | | | | | | | |
| Action # | Serial # | | | | | | | | |
| | oonar ii | Where Found | Weight of Narcotic | | | | | | |
| Owner's Name | e Address | # Barco | ode goes here | | | | | | |
| 0 01 | 1011 | 7 7 18 | | | | | | | |
| Owner Signat | Owner Signature/Other remarks /additional information/ special instructions | | | | | | | | |
| Evidence Control Use Only: | | | | | | | | | |
| T. | | CIC √ Date: | CAD/RMS Checked | R | OUTING: | | | | |
| | | | Owner Letter Sent: | - | | | | | |
| Tallio. | | | ellow: Case File | | | | | | |
| Evidence Con Received by E | trol Use Only: | V | OUTING: /hite: Property Room | | | | | | |

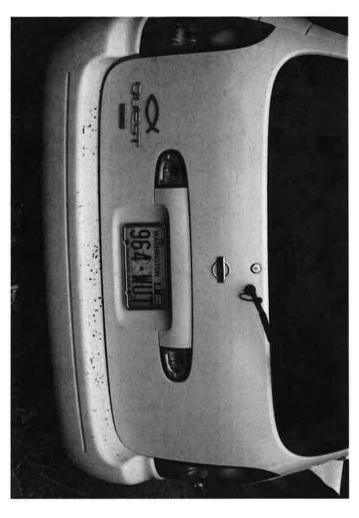








LSAS L





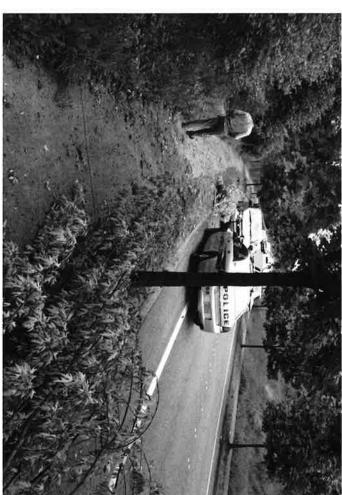




SPD

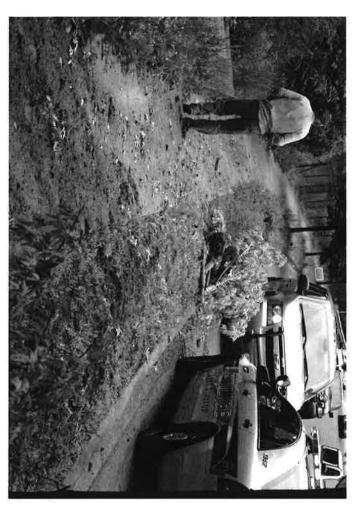


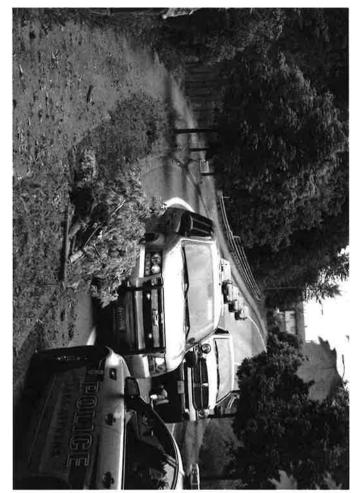


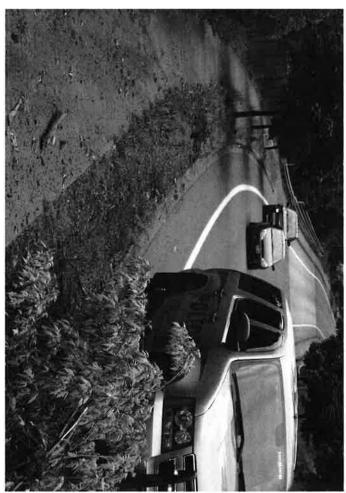




ő

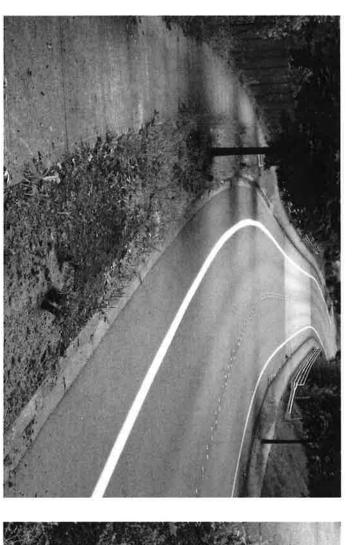


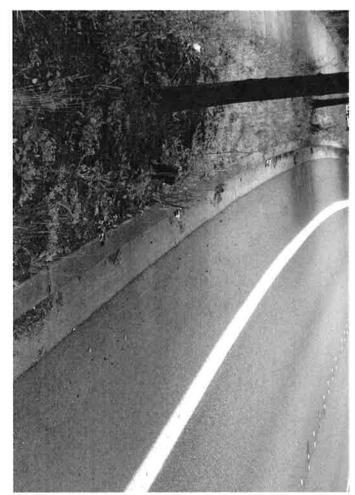




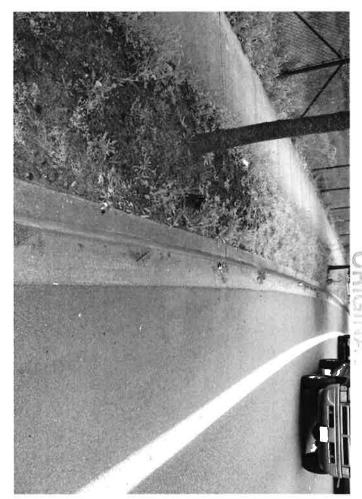


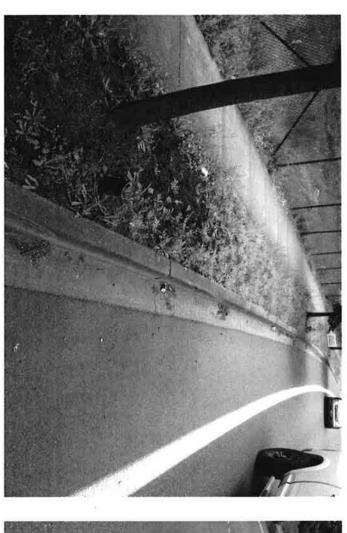
DRIGINAL





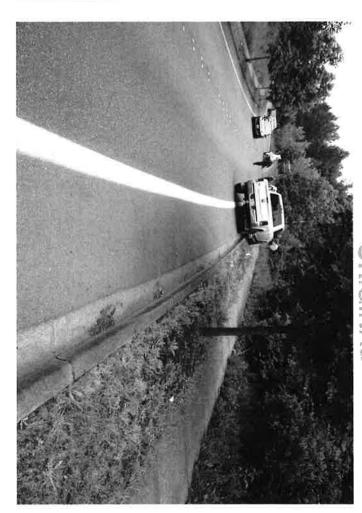














CASE / EVIDENCE NUMBER CHECK ALL THAT APPLY: **UNIFORM WASHINGTON STATE** NON-IMPOUND / TOW AAA or OTHER ROADSIDE ASSISTANCE TOW / IMPOUND **EVIDENCE** AND INVENTORY RECORD SEIZED UNDER RCW 69.50.505 IMPOUND ONLY DUI/PC IMPOUND WITH 12 HOUR HOLD DWLS IMPOUND WITH DAY HOLD **VEHICLE INFORMATION** INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER. REGISTERED OWNER MAY REDEEM CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD. CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND. Report of Sale **DRIVER** REGISTERED OWNER LEGAL OWNER NAME (LAST, FIRST, MI) NAME (LAST, FIRST, MI) NAME (LAST, FIRST, MI) SAME STREET ADDRESS STREET ADDRESS CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE PHONE **AUTHORIZATION AND RECEIPT** PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE TOWING (TOWING FIRM) ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE LUNDIZIEM I CERTIFY THAT I HAVE RECEIVED THE ABOVE WELLCLE AND ITS CONTENTS LISTED BELOW. 5702005 DATE TOW DRIVER'S SIGNATURE DOL TOW TRUCK NO. **EQUIPMENT EVIDENCE (DRIVER'S SIDE) EVIDENCE (PASSENGER'S SIDE)** DAMAGE PRONT GLOVE BOX LOCKED SHADE DAMAGED AREA R FRONT KEYS[AUTO STEREO R SIDE AUDIO TAPES / CD'S [RREAR **CB RADIO** L FRONT RADAR DETECTOR L SIDE TRUNK LOCKED L REAR SPARE TIRE REAR **JACK** TOP **UNDERCARRIAGE CHAINS** OTHER _ OTHER INVENTORY/EVIDENCE **NARRATIVE OR DIAGRAM** (List reason(s) for impound.) COLLISION

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

OFFICER'S SIGNATURE

3000-110-076 (R 7/11)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

2

OK

LAKE STEVENS POLICE DEPARTMENT

PGS.

RESULT

FAX COVER SHEET

2211 Grade Road Lake Stevens WA 98258 Phone 425-334-9537 Fax 425-334-9842



ORIGINAL

| TO: | SNO PS | 10_ | | FAX: | |
|---------|----------------|---------------------------|-----------------|--------------|---|
| FROM: | 71=0 | AUX EIRMAN | # 79 | DATE: | 5-29-2014 |
| CC: | Section 5 | | | PAGES: | 2 |
| RE: VIE | 41015 1 | f menus | | | |
| | 70070 | | | | |
| WH WH | EN THIS BOX IS | CHECKED, THE FOLLO | OWING IS CONFIL | DENTIAL POLI | CE INFORMATION AND MAY NOT BE DISSEMINATED. |
| | | , , , , , , , , , , , , , | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | 1000 |

FAX COVER SHEET

2211 Grade Road Lake Stevens WA 98258 Phone 425-334-9537 Fax 425-334-9842



| TO: | SNO | Pac | | FAX: | |
|-------|--------------|-----------------------|--------------------|-------------|---|
| FROM: | 01=0 | PAC AUNERMA | v # 79_ | DATE: | 5-29-2014 |
| CC: | | 5.00 | • | PAGES: | 5-29-2014 2 |
| RE: | letticis. | Incours | · | | |
| | | | | | |
| | WHEN THIS BC | X IS CHECKED, THE FOL | LOWING IS CONFIDI | ENTIAL POLI | CE INFORMATION AND MAY NOT BE DISSEMINATED. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| - | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ** If you | have received this fa | ax in error nlease | notify the | sender and destroy this document ** |
| | ,00 | | ciroi picasc | y cite . | |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"



Entered 05/29/14 15:54:07 BY SPCT08 SP0325 05/29/14 15:54:31 BY SPDP17 SP0368 Dispatched 05/29/14 Enroute 15:54:31 Onscene 05/29/14 15:54:54 Closed 05/29/14 16:53:52 Initial Type: COL Initial Alarm Level: Final Alarm Level: Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H Final Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-6 Group: SS1 Beat: NORT Src: T Loc: LUNDEEN PARK WY/VERNON RD , LKS (V) Loc Info: ON LUNDEEN N/O LOC Name: BECKER TRINA Addr: Phone: 2069301808 /1554(SP0325) **ENTRY** ,AC, WHI MINIVAN WENT OVER SIDWALK, HIT TREES, U NK INJ /1554(SP0368) , BCST **AGCADV** /1554(SP0325) **CROSS** #AG14001497 (SP0368) /1554DISPER #SS72 19D1 AUKERMAN, OFFICER (WAYNE) /1554(SS72 *ONSCNE 19D1 (SP0325) /1555SUPP NAM: BECKER TRINA. PHO: 2069301808, TXT: VEH NON BLKING, TREES FELL INTO THE ROAD /1555(SP0152) SUPP LOCI: ON LUNDEEN N/O LOC, NAM: MCVAY, TAMMY, PHO: 2063006101, TXT: VEH INTO TREES, UNK INJ, WHI VAN [LUNDEEN PARK WY/VERNON RD , LKS] /1556(SP0368) ASSTER 19S13 MINER, SGT (ROBERT) #SS95 /1556(SP0251) **SUPP** TXT: BAL TO MVC, HIGH SPEED POSS HEAD INJ, LANG BARRIER /1558(SP0368) \$CROSS #SS14010093 /1558DUP #SS14010093 /1558DUP NAM: F CELL PH PHO: 4257509232 /1559ONSCNE 19S13 /1600(*****) REMINQ 19D1 APETENOK. VIKTOR. K. 10101943. . (SP0368) /1600REMINQ 19D1 NAME, 19D1, APETENOK, VIKTOR, K, 10101943, , /1601ROTREQ 19D1 5061 LKS SKY VAL SNO 3605636090 , NEED FLATBED /1603, SKY VALLEY SNO ER, 700 LUNDEEN PARK WY MISC 19D1 /1610(SP0213) MISC 19D1 , REQ AGENCY ASST TO HAVE SOMEONE SPEAK FOR MIRA /1612 MDTVEH, 964WUT, , WA, , , , , , , , , , (SS72) REMINQ 19D1 \$SS14001250 /1613*ASNCAS 19D1 /1618(SP0368) CROSS #S014086301 /1639(*****) REMINQ 19D1 B08219Z /1639(SP0368) REMINQ 19D1 LIC, 19D1, B08219Z, , , /1653CLEAR 19S13 , D /1653**CLEAR** 19D1 D/H /1653**CLOSE** 19D1

Incident History for: #SS14010094 Xref: #SS14010093 #AG14001497

Case Numbers: \$SS14001250



FOLLOW-UP / ROUTING SHEET

| | | | | CASE NUM | IBER / | 4-0 | 1250 |
|--|---------------------------------|--------------------|-------------|------------|-----------|---------|-----------------------|
| MUST HAVE CITATION NUMBER INVESTIGATIONS. | R <u>OR</u> SUSPECT INFO | IF FORWARDING TO | O PROSECU | TOR, COURT | | DATE | 5/31/2011 |
| CITATION # | SUSPECT | TOR K. | 10- | | | DOB | 12 12 10 10 |
| CITATION # | SUSPECT | /UK X. | 171 6 | 1 FAOK | | DOB | 10-10-1943 |
| CITATION # | SUSPECT | | | | | DOB | |
| | | | | | | | |
| | OFFIC | CER / DETEC | TIVE RE | QUEST | | | |
| ☐ ADD DOCUMENTS TO ORIGI | NAL FILE | | □ № | FURTHER A | CTION RE | QUIRE |) |
| ☐ ADDITIONAL STOLEN OR RE | COVERED PROPERT | Y SHEETS ATTACHED | FOR DATA | ENTRY | | | |
| ☐ FORWARD FOLLOW-UP (CO | URT HAS OPEN FILE | ON CASE) | FOR | WARD COM | IPLETED (| СОРУ ОІ | CASE |
| ☐ MARYSVILLE COURT | | ☐ SNO CO FELO | NY DIVISION | I | □ wa | CIC / N | CIC ENTRY FOR RECORDS |
| ☐ CITY PROSECUTOR | | ☐ JUVENILE COL | JRT | | □ WA | SH STA | TE LIQUOR CONTROL |
| ☐ REVIEW FOR CHARGES | | ☐ CPS/DSHS □ | EVERETT 🗆 . | SKY VALLEY | M OTH | HER: ጀ | OOL |
| DATE SENT: | | | BY: | | • | | |
| | | | | | | | |
| FORWARD ORIGINAL FILE W | /ITH THE FOLLOW- (| <i>UP</i> TO COURT | | | | | |
| ☐ CITATION JUVENILE REFERR | AL ATTACHED | | | | | | |
| SUBJECT REFERRED FOR FEL | <i>ONY</i> CHARGING | | | | | | |
| DATE SENT: | | | BY: | | | | |
| | | | | | | | |
| ☐ PROSECUTOR FOLLOW-UP R | ESPONSE (<i>ATTACH</i> | PROSECUTOR REQU | JEST FORM |) | | | |
| ☐ INVESTIGATIONS | OFFICER A | ASSIGNED | | | | | DUE DATE |
| | | | | | | | |
| | | CASE CLC | SED | | | | |
| UNFOUNDED | | | ☐ ARRES | T MADE SEN | IT TO COI | URT | |
| LACK OF INVESTIGATIVE LEAD | DS | | □ VICTIN | 1 REQUEST | | 2.00 | |
| | 1 1 | | | | 1 | | ~ |
| OFFICER / INVESTIGATOR | 199 | | | DATES | SIGNED | 1/19 | / |
| SERGEANT APPROVAL | 7 | | | DATES | RGNED | /' | |
| | | | | | | | |
| | DITIONAL PERSONS | □ PROPERTY □ | ARRESTS | | | | |
| RECORDS: | | | | | | | DATE: |

[&]quot;The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"



RECOMMENDATION FOR DRIVER RE-EXAMINATION

This recommendation must provide specific details of problems which could affect safe driving. It must be made in the interest of public safety only. Information on this form shall be provided to the driver or his/her attorney upon request. Insufficient information may result in no action being taken.

SECTION A

| t is recommended that the following | person's driver qualificat | ions be reviewed: | 58 |
|---|------------------------------|---------------------------|-------------------|
| NAME First, Middle, Last | 1 10 | | BIRTHDATE |
| Victor K. Ap | etenok | | PHONE NUMBER |
| STREET ADDRESS 15829 Mans Way # | 2 | | THORE NOMBER |
| CITY | | DRIVER'S LICENSE | |
| Lynnwood | 98087 | APETEVI | (575 PS |
| DETAILED STATEMENT | | | |
| 7 10 | | 15 | a 1 |
| driver lost contre | single venic | ik conisia | where |
| diver lost contr | of of verice | and 100 | 2004 |
| and is a heart perport 14-1250. | CUTUR. DING | is chan | ging medications |
| and is a heart ? | posient. Please | refer to | attache collision |
| report 14-1250 . | for further | information | n. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| This recommendation is based upon profession or documents. NAME OF PERSON REPORTING (Please Print) | | | |
| STREET ADDRESS | СІТУ | | ZIP |
| PHONE NUMBER | RELATIONSHIP TO DRIVER | | |
| THORE NOMBER | THE ATTORONIA TO DRIVER | | |
| | | | |
| certify (declare) under penalty of perju | ry under the laws of the Sta | ete of vvasnington that t | |
| X | | | DATE |
| Λ | | taria | |
| SECTION B — Law Enforcement U | se Only In Addition To To | p Portion | |
| LAW ENFORCEMENT AGENCY | | | BADGE NUMBER |
| Lake Stevens Pulice | | | Aukerman #72 |
| THIS INFORMATION IS BASED ON: | / | | |
| | Accident Investigation | Court Appearance 🔲 C | ther |
| PLEASE EXPLAIN BELOW: Set attached | Collision r | rport 14- | 1250 |
| SPE ATTOCHED | ו אפולווים. | T 101- | 10 |
| | | | |
| | | | |